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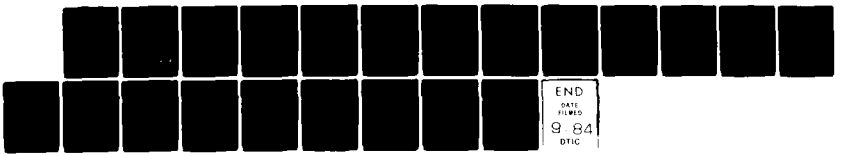

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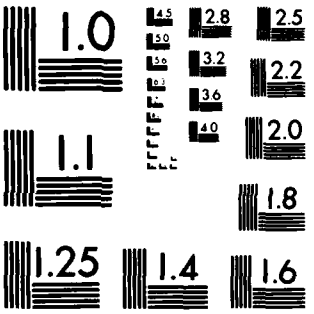

CONSULTATION REPORT #81-002

DEVELOPMENT OF MEDICAL MANPOWER AUTHORIZATION CRITERIA (MACRIT) PLANNING FACTORS

by

A. David Mangelsdorff, Ph.D.
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Academy of Health Sciences
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September 1981

SUMMARY

The present study is part of a consultation with MACRIT Branch, Organization Division, Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences. A list of tasks to be accomplished relating to preventing, identifying, assessing, and treating combat stress casualties, and at what level of responsibility these tasks are performed, was developed. This list has been staffed with the Behavioral Science Division, Academy of Health Sciences, the Mental Health Consultants, Office of The Surgeon General, US Army, and a selected group of potential task list users and trainers from four combat units.

Development of Medical Manpower Authorization Criteria (MACRIT) Planning Factors

1. INTRODUCTION.

a. Problem. For AMEDD personnel planning factors, there is a lack of specific detailed tasks and the amount of time expended in these tasks for selected specialty skill identifiers. Information is needed to provide a basis for planning the various staffing ratios in field and fixed medical treatment facilities.

b. Purpose. This investigation will assist in determining who will do what types of interventions for psychiatric casualties in theaters of operations.

c. Background.

(1) The Surgeon General has requested that a study be conducted under the authority of AR 5-5 to deal with manpower planning. The AMEDD agency with responsibility for generation of MACRIT planning factors is the Manpower Authorization Criteria (MACRIT) Branch, Organization Division, Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences. Discussion with the MACRIT Branch recognized psychiatric casualties as the area of primary concern for manpower planning needs.

(2) The term psychiatric casualty or transient battle reaction/battle fatigue (TBR/BF) refers to transient emotional reactions to the stresses of combat. The manifestations may be either psychological and/or physical; they represent a collection of ineffectiveness conditions with varying organic, psychological, social, cognitive, motivational, and political components (Rath, 1980). The symptoms may change in a matter of several hours to several days, depending upon the individual, the nature of the combat, and how the casualty is labeled. A soldier who becomes a psychiatric casualty is ineffective in his combat role for reasons other than wounds, organic disease, or ineptitude.

(3) Recent military history, the increasing lethality of the modern integrated battlefield, the depersonalization of tactics, the complexities and demands of operating highly technical, sophisticated equipment, and the probability that future wars will involve continuous, highly mobile battle -- all suggest that soldiers will be subjected to greater stresses in combat than in past conflicts. New, more efficient weapons systems will also increase the stresses on the individual soldier. With the probability of greater stresses and prolonged battlefield engagements, planners must anticipate an increase in the risk of psychiatric casualties.

(4) A recurrent theme in military history is the failure to heed the lessons learned in past conflicts. The lessons learned about treatment of psychiatric casualties in World War I were relearned in World War II and Korea. Glass (1966, p. 736) states "the most important lesson learned by psychiatry in World War II was the failure of responsible military authorities,

during mobilization and early phases of hostilities, to appreciate the inevitability of large-scale psychiatric disorders under conditions of modern warfare."

2. OBJECTIVE.

The study objective is the identification of the various tasks to be performed by selected specialty skill identifiers dealing with psychiatric casualties (TBR/BF) as the first phase of the development of medical manpower authorization criteria planning factors.

3. METHODOLOGY.

a. Health Care Studies Division, Academy of Health Sciences, developed a list of tasks and functions necessary for the recognition, disposition, and treatment of psychiatric casualties. Personnel and level of experience to perform the functions were addressed.

b. Behavioral Science Division, Academy of Health Sciences, was consulted in the determination of functions, personnel, and level of experience for recognition, disposition, and treatment of psychiatric casualties.

c. Coordination with the Consultants Office, Office of The Surgeon General (in particular the psychiatry, psychology, and social work consultants) determined the functions, personnel, and level of experience for recognition, disposition, and treatment of psychiatric casualties.

d. After the functions, personnel, and level of experience have been described, the results will be forwarded to the proponent agencies for ascribing who performs what tasks with subsequent changes made to AR 611-101 (Commissioned Officer Specialty Classification System) and AR 611-201 (Enlisted Career Management Fields in Military Occupational Specialties).

e. Manpower Authorization Criteria (MACRIT) Branch, Organization Division, Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences, will then undertake an analysis to determine requirements for the various functional areas based on decisions addressed in c and d above as well as the amount of time expended in performing specific tasks by SSI.

f. Directorate of Training, Academy of Health Sciences, will be advised of the findings and implications for training and development. Courses of instruction will need to be evaluated for meeting the training requirements for recognition, disposition, and treatment of psychiatric casualties.

4. FINDINGS.

Table 1 depicts the list of tasks and functions necessary for the recognition, disposition, and treatment of psychiatric casualties (TBR/BF). The level where the task is to be performed and the personnel involved in making the decisions are described also.

5. DISCUSSION.

Table 1 was staffed for comments with the Consultants Office, Office of The Surgeon General (in particular the psychiatry, psychology, and social work consultants). Appendix A contains their responses, which are supportive of the list. A Users' Workshop (Appendix B) with representatives from the mental health sections of the 101st Airborne Division, Fort Bragg, NC; 82nd Airborne, Fort Campbell, KY; 1st Cavalry Division and 2nd Armor Division, Fort Hood, TX; MEDDAC, Ft Knox, KY; and Walter Reed Army Institute of Research, Washington, DC, were exposed to the list and they appeared supportive as well.

6. CONCLUSIONS.

A list of tasks and functions for recognition, disposition, and treatment of transient battle reaction/battle fatigue casualties has been developed. The personnel and level of experience to perform the functions was also determined.

7. RECOMMENDATIONS.

a. Recommend that the list of tasks and functions be provided to the proponent agencies for ascribing who performs what tasks with subsequent changes to AR 611-101 and AR 611-201.

b. Recommend that the list of tasks and functions be provided MACRIT Branch, Organization Division, Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences, to determine requirements for the various functional areas.

c. Recommend that the list of tasks and functions be provided to Directorate of Training, Academy of Health Sciences, to consider implications for training and development of health providers, and also be provided through channels to appropriate elements of the Training and Doctrine Command.

d. Recommend the mechanism of the Users' Workshop (Appendix B) as an effective means of assisting division-level mental health care providers and trainers in planning for training responsibilities.

BIBLIOGRAPHY

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Rath, Frank H. The psychiatric casualty and the combat effectiveness-ineffectiveness continuum. Medical Bulletin, US Army Europe, 31 (11), November, 1980.

Mangelsdorff, A.D. An overview of stress reactions during times of armed conflicts. Proceedings, Current Trends in AMEDD Psychology, 1980.

Table 1

LEVEL	TASKS/FUNCTIONS	TIME
COMPANY/SQUAD		1 - 2 hours
individual soldier, squad leader, platoon sgt, platoon leader, 1st sgt, company cdr	Assess all members of unit who are not functioning up to demands of tactical situation	
	Determine nature and amount of fatigue, stress, duration of exposure, disease, fear, chemical exposure (self-induced and/or external), radiation exposure	
	Recognize preventable measures for transient battle reaction/battle fatigue	
	Emphasize unit cohesion, team building, buddy system	
	Decide whether reactions are normal for individual in combat/tactical situation	
	Recognize and assess whether individual is disabled: a) apparent wound, injury, disease, chemical or radiation exposure b) transient battle reaction/battle fatigue c) will individual's behaviors be disruptive	
	Reassure individual of normal reactions to situation: a) individual must cope by himself or at least within unit b) individual must be able to carry out his/her duties (although not necessarily symptom free)	
	Instill expectation to return to duty: policy of no evacuation	
	If soldier's symptoms are disruptive and/or he cannot exercise combat skills or effectively perform his duties in a reasonable amount of time, call aidman	
aidman 91B (E3-E6)	Decide whether reactions are normal for individual in combat/tactical situation	
	Assess whether individual is disabled: a) apparent wound, injury, disease, chemical or radiation exposure b) transient battle reaction/battle fatigue c) will individual's behaviors be disruptive	

aidman 91B	Reassure individual of normal reactions to situation Assess individual from personal knowledge of individual's past history and experience: a) how long in combat b) previous stress reactions c) previous medical treatments (what, how long ago, recovery time) d) tactical situation Assess capability of functioning/not functioning: a) knowledge of common sypmtoms of transient battle reaction/battle fatigue b) course of transient battle reaction/battle fatigue c) phases of transient battle reaction/battle fatigue d) employ acceptable treatment methods e) provide crisis treatment for transient battle reaction/battle fatigue Instill expectation to return to duty Insure individual's history and past military performance (if known) is documented Only if tactical situation allows, consider evacuating individual to Battalion Aid Station for rest and further evaluation if necessary
BATTALION AID STATION	**4 - 6 hours**
91B (E5-E6), 91C (E5-E6) PA, physician	Check for whether individual is disabled: a) apparent wound, injury, disease, chemical or radiation exposure b) transient battle reaction/battle fatigue c) will individual's behaviors be disruptive Instill expectation to return to duty Assess capability of functioning/not functioning: a) tactical situation b) knowledge of common symptoms of transient battle reaction/battle fatigue c) individual's past history, experiences, and past military performance 1) how long in combat 2) previous stress reactions 3) previous medical treatments (what, how long ago, recovery time) 4) evaluation by aidman

91B (E5-E6), 91C (E5-E6), PA, physician	d) course of transient battle reaction/battle fatigue e) phases of transient battle reaction/battle fatigue f) employ strategies for coping g) employ acceptable treatment methods
	Assess whether individual's behaviors will be disruptive
	Assess for return to unit if capable of functioning in combat role (although not necessarily symptom free)
	Only if not capable of functioning in combat role and if tactical situation allows, consider evacuating individual to Brigade Clearing Company for rest and further evaluation

BRIGADE CLEARING STATION — 12 - 24 hours

91G (E5-E6), Mental Health Officer (M.H.O.: 60W, 68R, 68S) physician, dentist	Provide consultation during pre-deployment, pre-combat, and during combat to individual soldiers and commanders
	Determine needs of units, strengths and weaknesses
	Consult with commanders and staff elements on mental health aspects
	Educate as required

In combat at Brigade Clearing Station

Check for whether individual is disabled:
a) apparent wound, injury, disease, chemical or radiation exposure
b) transient battle reaction/battle fatigue
c) will individual's behaviors be disruptive

Instill expectation to return to duty

Assess capability of functioning/not functioning:
a) will individual's behaviors be disruptive
b) tactical situation
c) knowledge of common symptoms of transient battle reaction/battle fatigue
d) individual's past history and experiences
e) course of transient battle reaction/battle fatigue
f) phases of transient battle reaction/battle fatigue
g) employ strategies for coping
h) employ acceptable treatment methods

91G	Determine if brief psychotherapy is required, either individually or in groups
M.H.O.	Employ brief psychotherapy if necessary
91G (E6)	Determine if medication is required then make recommendation
M.H.O.	Screen need for medication and administer if necessary
91G	If rest is required, insure individual is monitored for changes in mental and/or medical status (particularly after medications)
91G (E6)	Supervise individuals not capable of returning and functioning in combat role, but who are temporarily used in combat support role at the brigade level, if tactical situation permits
M.H.O.	If soldier is not capable of functioning in either combat or combat support roles and if tactical situation permits, consider evacuating to Rear Clearing Area at Headquarters and Support Company for further evaluation

APPENDIX A

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON, D.C. 20310

REPLY TO ATTENTION OF

DASG-PSC-F

2 Jul 81

A. David Mangelsdorff, Ph.D
Health Care Studies Division
ATTN: HSA-CHC
Academy of Health Sciences
Fort Sam Houston, TX 78234

Dear Dave:

I will include copies of your letter in the next mailings to Army psychiatrists. Also will seek input for you from the Military Section, World Psychiatric Association newsletter, of which Greg Belenky will be Executive Editor, by having Greg put you on that mailing list.

I am planning to fund you to the AMEDD Behavioral Science Conference, El Paso 22-25 Sep 81 and will put you on a combat developments, Division 86 panel if you agree. Bill Schultheis, I hope, has already spoken with you about this.

Concerning the MACRIT study I can't add much except my applause for a good job. In my new job at WRAIR (where I'll go in uniform, by the way) as Chief, Combat Stress Working Group, I hope to have more frequent contact with you and the Combat Developments group while working on a Handbook of Combat Psychiatry and an updating of the Psychological First Aid for the Soldiers. I would appreciate any information, papers, initiatives you come across that are pertinent to those tasks.

I look forward to seeing you in El Paso. With warm regards.

FRANKLIN DEL JONES, M.D.
Colonel, MC
Psychiatry and Neurology
Consultant

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON, D.C. 20310

REPLY TO
ATTENTION OF

DASG-PSC-H

16 July 1981

Dr A. David Mangelsdorff
Health Care Studies Division
ATTN: HSA-CHC
Academy of Health Sciences
Fort Sam Houston, TX 78234

Dear Dave:

Thank you for your letter of 10 July 1981. I have just completed my review of Table 1 and concur with the listing of personnel and tasks functions.

I am pleased that Mental Health Officer (MHO) now includes 60W, 68S and 68R. An earlier document referred to Psychiatrists and Mental Health Officers (68S and 68R). I objected to this loss of professional identity but will accept MHO if it is defined as all qualified mental health professionals as implied in Table 1.

I will add you to the APTIL mailing list and include the information you requested in the next issue. We hope to see you at APA in August.

Fondest personal regards.

Sincerely,

CECIL B. HARRIS, PhD
COL, MSC
Psychology Consultant

HSWP-QSW 12 August 1981

SUBJECT: MACRIT Planning Factors--Psychiatric Casualties

MAJ T. Paul Furukawa
Health Care Studies Division
Academy of Health Sciences
Fort Sam Houston, TX 78234

1. Study Tasks and Functions appear basically sound.

2. Several of the outlined tasks and functions are the same at each echelon. Is it implicit that at each succeeding evacuation point increased professional expertise is required?

3. M.H.O. at Brigade Clearing Company is tasked with administering medication if necessary. I agree with this proposal, but this will require:

a. A change in policy/authority. At present 68R and 68S are not authorized to administer medication.

b. Additional training for M.H.O.

DAVID P. JENTSCH, PH.D.
COL, MSC
Chief, Social Work Service and
Consultant to The Surgeon General

APPENDIX B

Users' Workshops on Combat Stress

FACT SHEET

HSA-CHC
Dr. Mangelsdorff and
MAJ Furukawa/221-3116
AUTOVON 471-6514
1 September 1981

SUBJECT: Users' Workshop on Combat Stress

PURPOSE: To provide information on the background, scope, and agenda of, and scheduled participants in, the Users' Workshop on Combat Stress, 3-4 Sep 81, Bldg 2000, Fort Sam Houston, Texas.

FACTS:

1. Background.

a. In the Central Battle scenario, combat stress casualties are projected as the largest single category of casualties as well as the largest potential source of trained and available replacements.

b. The Directorate of Combat Developments and Health Care Studies serves as the AMEDD focal point for collection, dissemination, and consultation about concepts, combat developments, and casualty estimation models.

c. The Health Care Studies Division of the Directorate of Combat Development and Health Care Studies, in an approved study, has developed a list of tasks which need to be accomplished by individual soldiers, commanders, enlisted medical and AMEDD officers to deal with the recognition, disposition, and treatment of combat stress. This task list has been staffed with the OTSG mental health consultants. The final step in the study is to obtain the reactions of field mental health personnel as to the appropriateness and completeness of the task list.

d. The acceptance of the task list will effect training, manpower staffing requirements and other related developments. In order to predict and anticipate the ramifications of these developments, there is a need to bring together some of the expertise in the field of combat stress, the potential users and trainers, and subject-matter researchers.

2. Scope.

a. The intent of the Users' Workshop is to provide a forum for information exchange and discussion.

b. Academy faculty will present information on current developments in threat, psychiatric support systems, and proposed tasks/functions.

c. Participants from the combat units are asked to bring and describe whatever training programs, handouts, packets, or written ideas they may have for training soldiers, leaders, medical, and mental health personnel.

d. The outcome of the Users' Workshop will be that participating division-level mental health staff will be prepared to identify their unique training needs, commit themselves to developing and conducting their own training programs, evaluate their own programs, and share the results of the evaluation with the Academy and other participants at a later date.

3. Agenda: see Incl 1.

4. Participants: see Incl 2.

5. Points of Contact are Dr. A. David Mangelsdorff, Ph.D., and MAJ T. Paul Furukawa, Health Care Studies Division, 221-3116/3331.

USERS' WORKSHOP ON COMBAT STRESS
Academy of Health Sciences
Fort Sam Houston, TX 78234

AGENDA

WHEN: 3-4 Sep 81, begin at 0800 hours

WHERE: Classroom, Directorate of Combat Developments and Health Care Studies, Building 2000

WEDNESDAY

- o Travel

THURSDAY Morning, begin at 0800 hours

- o Welcome, Introductions, and Purpose
- o Combat Stress Casualties in Perspective
- o Threat
- o Division 86
- o Theater of Operations Psychiatric Support System (TOPSS) Concept
- o Tasks and Functions of Combat Stress Casualty Identifiers, Evaluators, Treaters, and Preventers (MACRIT Study)

THURSDAY Afternoon

- o Small task groups to identify the training needs, elements of training package, tailoring of packages
- o Plenary group sharing

FRIDAY Morning, begin 0800 hours

- o Participation in a training exercise
- o Evaluation of exercise
- o Application of Workshop content
- o Commitments for further sharing

Users' Workshop on Combat Stress
3-4 September 1981
Directorate of Combat Developments and
Health Care Studies

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